

PART B - FEE(S) TRANSMITTAL

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11/19/2009

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Debbie Symms	(Expedited address)
Debbie Symms	(Signature)
11/16/09	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONSERVATION NO.
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69874,170

06/04/2001

Vasanth Bala

1000355-1

7644

TITLE OF INVENTION: NETWORKED CLIENT-SERVER ARCHITECTURE FOR TRANSPARENTLY TRANSFORMING AND EXECUTING APPLICATIONS

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional

NO

\$1510

\$300

\$0

\$1810

02/10/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PROCTOR, JASON SCOTT

2123

703-021000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address for Change of Correspondence Address form PTO/SB/4123 attached.

☐ "Fee Address" indication for "Fee Address" Indication form PTO/SB/4123, Rev. 03-02, or more recent) attached. Use of a Customer Number is required.

2. Fee printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

Hewlett-Packard Development Company, L.P.

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s). (Please first recopy any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO 2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2023 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature

/Ted McCullough/

Date

11/16/09

Typed or printed name

Ted McCullough

Registration No.

58,231

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